

HEALTHY

## CHAPTER 1

I am **HEALTHY**, beautiful, loved, and enlightened; happy, famous, rich,  
and thin.

*Usually, we believe that our pain is a misfortune that needs to be fixed, but in fact, all pain (physical, mental, and emotional) is a necessary step towards becoming conscious.*

Eliza Mada Dalian

There's no doubt about it—I was a lucky little girl. Perhaps it was genetics, or maybe it was some other factor, but I was always part of that enviable group of children who were consistently labeled by their pediatricians as being “robustly healthy.” Other than a brief bout of whooping cough as a preschooler, the removal of my tonsils, and a three-day weekend bout with German Measles when I was 14, I honestly don't remember ever being ill as a youngster. From the first day of Kindergarten all the way through college graduation, I'm sure that I had fewer than a handful of “sick” absentee school days.

A therapist would probably say that this was an unconscious “avoidance reaction” to my parents’ combined health challenges. As an adopted child, I was raised by an older couple who had (decades earlier) lost two toddlers to now-rare childhood diseases—diphtheria and scarlet fever. That trauma, combined with their own unfortunate health issues, was the reason why they were determined that I would simply never, ever be ill. There were many unspoken subliminal messages attached to my childhood, but the clearest (to my young mind, at least) was THOU SHALT NOT BE SICK!

They, on the other hand, never seemed to be free of some sort of physical challenge. Even today, I can clearly feel and remember the emotional discomfort I would experience whenever the normal rhythm of our home life was (all too often) disrupted by the illnesses of one parent or another. Health problems, to my young mind, seemed to always be the “no-fair” reason behind our family’s cancelled activities, their emotional malaise, and the rescheduled play dates that almost always accompanied my parents’ bouts of feeling “under the weather.” My primary youthful job, therefore, was to consistently, reliably, be healthy and energetic.

Not surprisingly, for most of my childhood it was hard to not feel—both figuratively and literally—like I was being raised by grandparents from a different era. Unlike my friends’ parents, Mama and Daddy didn’t join clubs, ride bikes, go on ski trips or throw cocktail parties. On occasion, they would (much to my delight) waltz

around the living room together if they heard one of their favorite songs on the radio, but their shared activity of choice was to sit in their easy chairs and smoke cigarettes while reading out loud to each other before bedtime.

My classmates had parents whose lives had been shaped by the events of World War II, but Mama and Daddy considered the Great Depression to have been the pivotal wrecking ball of their young adult years. They had been on their honeymoon when Black Friday—October 29, 1929—happened; he was 26 and she was 24. Stories about Hoovervilles, WPA, and the New Deal were part of the muted soundtrack of my youth. Their age, obviously, affected everything about them—not just their economic, historical, and political perspectives.

Mama's complaints about migraine headaches, muscle spasms and sinus infections simply became a subliminal type of chronic static during my teen years. And although I never—ever—heard him complain, Daddy's slow decline—from asthma to emphysema to lung cancer—meant that clusters of orange plastic prescription bottles played a major visual role in my childhood landscape.

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I know only too well that for some people good health is all about athleticism, strength, vanity or even youthfulness. But for me it occupied an entirely different

arena. Since my parents were plagued with what seemed like a laundry list of physical complaints, being overtly healthy practically became (for a chronic good girl who was too intimidated to smoke, drink, cut classes, or do drugs) my personal form of comparison-fueled teenage rebellion. While my peers may have experimented with controlled substances, curfew violations, or familial shouting matches, never getting sick was probably a perverse and private way for me to manifest a growing sense of independence from my parents' weary world of physical discomfort.

And although many of my Catholic girls high school classmates enthusiastically enjoyed wearing a candy striper's uniform while volunteering at the local hospital, I had no interest whatsoever in being anywhere near the same vicinity as illness. Naturally, many of those girls happily chose nursing as a career. But unlike my peers, I didn't want to work in a hospital—in part because while *their* adolescent heroes had been doctors and nurses and surgeons, *mine* had always been authors and editors and journalists.

My youthful focus on health, however, was actively alive and well—it just followed a different path from my friends'. Instead of feeling comfortable around the ill and wanting to learn how to relieve their distress, I wanted—even as a teenager—to better understand how to avoid being ill in the first place. And, as always, the easiest way for me to “research and resolve” this puzzling issue was to look for answers in books.

In college, when I probably should have been paying more attention to my upcoming French Literature mid-term exam on Stendahl's *Le Rouge et le Noir*, I was simultaneously turning the pages (OCD maven that I am, I would alternate the books I was reading chapter by chapter) of *The French Lieutenant's Woman* by John Fowles and *Let's Get Well* by Adelle Davis. Even when it came to magazines, I would be equally—irrationally—excited about the arrival of both *Prevention* and *Vogue*. To this day, I still haven't found more than one or two other friends (out of hundreds) who share my insatiable lifelong curiosity about what it takes to achieve and maintain good health.

As the years went by, my quest for (and the compulsive pursuit of) both a fulfilling career as a writer and a physically active—i.e., uninterrupted by illness—life progressed in tandem. As an avid reader since childhood, nothing seemed more glamorous to me than a career as the writer of words that would be read by others. What had started slowly (as editor of a sixth-grade newspaper), continued into high school and college newspapers. As a young adult, I was a stringer for publications like *Family Weekly* magazine (my first cover story!), *National Catholic Reporter*, and the *Christian Science Monitor*. I was finally asked (OMG) to start reviewing books on a regular basis for *The Los Angeles Times*, and—before I knew it—my byline had appeared on its Fashion, Travel, Op-Ed and View pages, as well.

A few years ago, Diane Sawyer gave a “*Master Class*” lecture on the OWN channel, and had this to say

about having a career as a journalist: “The great thing about it is that there is no definition...Journalism is waking you up. It’s reminding you that this is a big, vast exciting planet...It’s loving a fact. Other than that it’s your curiosity. It’s what you bring to it...All the people I have met have influenced me...Every one [gave me] a different lesson.”

Imagine how thrilling and miraculous it seemed when—a little over a decade after I’d graduated from UCLA—I was lucky enough to be appointed Health and Fitness Editor at *The Los Angeles Times* Syndicate. As with almost every other phase of my career as a journalist, I couldn’t believe how fortunate I was to actually be paid (handsomely) to do something (i.e., learn about how the body works) that I would have happily done for free.

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The downside to my burgeoning journalism career was that it was accompanied by plenty of personal booby traps, not to mention the fact that demanding jobs more often than not come with mega doses of stress. Plus, I had failed to remember the warning in Gail Sheehy’s 1976 book *Passages*, which stayed on the bestseller lists for three straight years. According to her research, women under the age of 35 simply were not equipped to juggle a career, marriage and motherhood without serious consequences. And as much as I hated to simply be

another single-mother statistic, my experience reflected Sheehy's findings to a T.

And that's how a woman who had spent her entire life envisioning herself as inherently immune to illness, learned that life is full of unanticipated and unwelcome big, ugly surprises. After two painful divorces, stress-filled single motherhood, the aforementioned pressure-cooker career, and a regrettable sorrow-fueled hiatus from taking care of my own health and wellbeing, life threw a major curve ball my way.

When my emotional and physical defenses were literally at their weakest, illness (in the most-unwelcome form of MS—multiple sclerosis) came knocking on my front door.

In America today, almost half a million people are living with MS. Multiple sclerosis is named after the “many scars” or lesions that affect brain tissue and/or the spinal column. These lesions can show up in a variety of places, which is why every case of MS is relatively unique. There are patients (like Montel Williams) who cope with severe muscle pain, some people (like Jack Osbourne) have fluctuating vision difficulties, others (like Meredith Vieira's husband, Richard Cohen) struggle with voice issues, and many (like Teri Garr and me) lose muscle strength and become wheelchair dependent.

I later learned that people who feel overwhelmed, helpless and depressed (as I did in early 1984) often suffer from a chronic exposure to cortisol, otherwise known as



“the stress hormone.” And as Lauren Kessler described it in her brilliant memoir *Counterclockwise*, “Overexposure to cortisol is like an express train to the nursing home.”

The first sign that something was seriously wrong with my body came after a routine in-office procedure to remove bone spurs on my toes. The fact that I never walked normally again after that podiatrist appointment on Bastille Day 1984, is a clear message that my “uncomplicated” foot surgery was simply one stressor too many during that chaotic period of my life. Shortly afterwards, at the suggestion of a friend who’d been concerned by my unsteady gait and my toes’ persistent numbness, I visited a neurologist. He performed a cursory examination, said that it looked to him as if I had MS, and then advised me to “go home and get all [my] affairs in order.” I (quietly but understandably) freaked out. Not surprisingly, I left his Beverly Hills office in a state of shock, and as I maneuvered my way through the congested L.A. traffic, I cried all the way home.

Like most MS patients, I went through a lengthy period of what is known as the “relapsing-remitting” phase of this challenging disease. These are the blocks of time when you feel symptom free, and can tell yourself that you’ve (fortunately) dodged a really major bullet. This “limbo” phase is also one of the reasons why it often takes doctors so long to come to a definitive diagnosis. And it was during one of these “Thank God, I’m perfectly healthy again!” phases that I (bravely and optimistically) accepted an English major’s dream job offer to relocate

my little family to London, and work as a journalist on Fleet Street.

Ever since Sister Mary Josita had assigned Charlotte Bronte's *Jane Eyre* to our sophomore English class, I'd treasured the quote, "I remembered that the real world was wide, and that a very field of hopes and fears, of sensations and excitements, awaited those who had courage to go forth into its expanse...." This was, two decades later, the perfect chance for me to spread my wings, and experience a whole new level of achievement and challenge.

A potential extra bonus of this surprising career opportunity was that I would be able to give my sons the "priceless gift of an international experience." It was a scary move for the three of us on a variety of levels, but I will always be grateful that I had the opportunity to make it possible for them to visit Edinburgh, Madrid, Moscow, Paris and Switzerland, as well as have friends and classmates who'd come to London from a variety of countries all around the globe.

When Sir David English (who had the distinction of being a Fleet Street editor for an unprecedented twenty years) first asked me to consider moving to London, I was apprehensive about saying goodbye to so many aspects of my comfortable life in L.A. But over a long dinner at River Walk restaurant in Kingston Upon Thames—several months before my move—he regaled me with stories of his earlier years as a journalist in Moscow. He told me how it had enhanced his career beyond measure,

and how his kids had grown—emotionally and intellectually—because of the experience.

Sensing my initial hesitation, he told me, “It’s never easy to uproot yourself from the familiar, and I know it will be hard for you to leave *The Los Angeles Times*. Temporarily, it might be difficult for you to feel at home, and for your boys to get settled in their new school. But I promise you that living and working in a country that isn’t your own is the equivalent of earning a Ph.D. in life. Trust me, and you will never regret the experience.” In retrospect, I can honestly say that even in spite of the unknown challenges that lay ahead, Sir David’s advice was spot on.

Sadly, the feared MS symptoms soon began to resurface. Only six weeks after we’d left L.A., I was walking on Kensington High Street with my two teenage sons when my legs let me know that I was really in trouble. Each step was a challenge, and emotionally I was torn between the panic I felt for myself, and the need to protect my sons from their mother’s grim new reality. Several years after that first U.K. Saturday morning stumble, a battery of hospital tests, and an MRI confirmed that I had indeed just been enrolled in one of the planet’s most emotionally and physically challenging classrooms.

Naturally, as the disease progressed, my mobility essentially ground to a halt. I was no longer physically able to effortlessly hop on a plane to Argentina, France, Ireland, or Italy. And those twice a year return trips to L.A. for movie-star interviews were simply no longer

feasible; there was no way—with two uncooperative legs—that I could even think about driving safely. That’s the compressed and short story of how my brilliant and much-cherished career as an international journalist painfully ground to a halt. The last cover story I wrote for a British magazine (while still living in London) revolved around my passage to New York from Southampton on the QEII. Even though it was spent in luxurious First Class comfort—the trip turned out to be five long days spent primarily by myself in my beautiful suite. By that time, the disease had made it simply too challenging and painful for me to walk around the (big) iconic cruise ship. It was the first—but definitely not the last—time that I was forced to develop heightened and refined mental skills as an obsessively thorough armchair researcher in order to compensate for my body’s limited mobility.

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Before I knew it, both my sons had returned stateside to continue their educations and I was alone—and very frightened—in a large Edwardian flat in Marylebone. By this point, just walking to the front door (or even from one room to another) had become a painful challenge. That’s when I went through my own foolhardy form of seclusion and withdrawal. There were no more black-tie dinner parties or evenings in the West End because it was simply too challenging (and embarrassing) to try to get from point A to point B as others watched me struggle. I preferred to deny—or ignore—the fact that I

was seriously ill, and chose to nurse my terror, sorrow, shame, and confusion in solitude.

But self-pity and sulking are coping mechanisms that—for an extrovert like me—could only last so long. Eventually, I came to the realization that living alone in isolation (while in a constant state of pain and panic) simply made no sense. So I accepted the situation, swallowed my pride, cried “Uncle,” and returned to the U.S. I chose to settle in South Florida because of its surface similarities to the California of my youth, and then I worked diligently to build a miniaturized and disabled friendly version of my former comfort zone.

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Even though (when I was a teenager) part of me had always rebelled against my parents’ physical problems, there’s no doubt that—when it comes to good health—I’m acutely aware of the fact that I actually owe a great debt to my stern long-suffering mother. She’s the one who (by her iconoclastic example) introduced me to the potential benefits of alternative medicine. Evidently, at some point, she got tired of dealing with MDs who never seemed to help her feel better. Or, perhaps it was Mama’s inbred respect for the ways of nature that was simply a part of her DNA from having grown up on a farm back in the early 1900s.

Whatever the reason, our home was the only one I was ever aware of (remember, this was back when JFK was president) that had numerous vitamin bottles, “starters” for homemade yogurt, and sour-dough bread fermenting on display in the kitchen, as well as a total absence of any pre-packaged, “instant” or fast foods. I now realize that my parents were way ahead of their time by—whenever possible—raising their own hormone-free chickens, tending small backyard gardens, and building large custom-made compost receptacles for our family’s use.

So, as an adult, it’s no wonder that I was more comfortable relying on my own fact-finding “health instincts” than blindly accepting whatever neurologists happened to tell me about living with MS. Back when Mama had tried to get healthier, female doctors (especially in the small towns where we used to live) were almost impossible to find. So years later—like her—I was too skeptical and independent minded to place all of my trust in the opinion of one white-coat wearing man.

And that’s why (although it often surprises other people) in spite of the fact that I’ve had MS for three decades and been wheelchair dependent for 24 years, I’ve never taken any medication prescribed by a neurologist. Why? Primarily, because among the many lessons I learned from being Health and Fitness Editor during my Los Angeles newspaper days, I knew only too well about the inherently toxic nature of many prescription drugs—especially those used to address chronic conditions. So I immediately—almost as if on autopilot—rejected the

prescribed steroids and other drugs suggested to me by a variety of well-meaning physicians.

Instead, I started road-testing alternative ways to try to proactively cope with MS. And when it came to nutritional programs, I reluctantly became familiar with alkaline, low-carb, Paleo, Swank, vegan, raw, as well as a variety of anti-inflammatory and cleansing diets. I also explored everything from acupuncture, CCSVI, chiropractic, colonics, Gyrotronic, massage, MELT, physical therapy, Pilates, STIM, Skenar, and even vitamin infusions. The result is that, after almost a quarter of a century in a wheelchair, MS still dominates my daily life even though (a) I'm told that I don't "look" like I have an illness, and (b) every single one of my other medical health markers are beyond impressive. Go figure!

Even though I'd originally been "diagnosed" with MS in Los Angeles back in 1984, after several years in London it was obvious that I was in need of additional medical input. So, in 1987, after my first MRI (which confirmed the brain lesions that are considered the gold-standard diagnostic confirmation for MS), my Harley Street neurologist gave me even more unwelcome news. He somberly informed me that the average life span for MS patients was 20 years from the date of diagnosis, which (he felt) meant that the year 2004 would be approximately the end of my inevitably difficult struggle. Obviously, I like to think that my healthy lifestyle and non-traditional drug-free approach to MS has made it possible for me to productively way outlive his doomsday prediction...

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Back in the days when I worked as a journalist in London, I often felt like one of those long-ago performers on the *Ed Sullivan Show* who balanced numerous spinning dinner plates on thin wooden poles, and then frantically raced from one to the other to avoid creating a stage full of broken dishes. I was coping with the demands of a high-pressure job (which I really loved) in a—literally—foreign environment. I was a single mother coping with all the challenges that come with raising two teenage sons alone, and every member of my long-term and much-needed emotional support system was thousands of miles away on the other side of the Atlantic. In addition to all that, I was also battling a serious (and scary) chronic health issue.

One wintry day, I was absentmindedly walking from one end of *The Daily Mail's* editorial floor to the other, and winding my way past a sea of identical metal desks. Since I was one of the few women in that predominantly male environment, whenever I looked at the testosterone-heavy landscape of white shirts, receding hairlines, and cigarette smoke it was hard not to have a “We’re not in Kansas anymore” moment. I was an obvious minority—by both gender and nationality—and it was obvious to everyone at the paper that my every move (and every story I filed) would be met with microscopic scrutiny.



That's why it was doubly cringe worthy when—on that damp chilly morning—I tripped (or perhaps I stumbled) and landed face-first flat on the floor in front of all my fellow editors and journalists. It only took me a moment or two to pretend that nothing important had happened, get back on my feet, dust off my then-fashionable “Dress for Success” women's navy blue business suit, plaster an embarrassed smile on my face, and (carefully) make my way back to the safety of my own metal desk. On the outside, I made it look as if I'd just had a silly, unfortunate, clumsy moment—but on the inside, I was deeply rattled. Embarrassment and fear of the future impact of MS were waging a nuclear assault on my psyche.

Two weeks after that stumble, I received another warning sign when I tried—again at work, again at that metal desk—to cross my right leg over my left. For the first time in my life, my body stubbornly refused to do what my brain had requested, and that became my physical introduction to the hated phrase “I can't.”

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Back in the days when I worked as a journalist in London, there were eleven competing newspapers, and time—as in deadlines—was always an issue. Those were the days (hard to imagine) before Blackberries, cell phones, computers, Smartphones, texting, etc. So when, for example, I would be assigned to interview, say,

Placido Domingo or John Malkovich, my editor—who lived in a highly anxious and fearful state of being “scooped” by another newspaper—would more often than not instruct me to “Just call in the story the minute he (or she) is out of the room.” It was scary and intimidating to know that I had to quickly compose an article in my head—without the benefit of paper, pen or typewriter. But to keep up with the competition and hold my own, it was a skill that I simply had to master. And I did.

In those days, each London newspaper had its own noisy version of a room full of “copytakers.” At *The Daily Mail*, that room was populated by a bank of crusty-sounding middle-aged men who sat at typewriters and transcribed dictated stories from reporters who called in from the field. I never actually had the chance to see or meet the people at the other end of the phone lines, but it didn’t take long for me to recognize their voices or for them to recognize mine—after all, I was the only Yank on staff.

The longest article I ever filed by phone—which was dispatched from Argentina—was my 2,000-word, world-exclusive interview with Prince Andrew’s future mother-in-law and her husband before his 1986 Royal Wedding. The transcription took place during a very long transatlantic phone call from my hotel room in Buenos Aires to the middle-of-the-night telephone bank back in London. In retrospect, it was a tedious process for everyone involved, but that’s how things were done on Fleet Street back in the Margaret Thatcher era. Little did I know then that learning to compose a story in my head

before dictating it to a typist would one day be the only way to keep my MS-ravaged career as a writer on life support. And it's the way that my Florida-based magazine and newspaper articles—as well as my last three books—were created.

As expected, my physical condition continued to slowly deteriorate, and by the time I was 42, I was completely wheelchair dependent. With great effort I could (barely) wiggle the toes on my left foot. And while I could move my right arm and make a fist, the fingers on that hand had permanently gone on strike, which meant that I was now a journalist who could neither travel nor type. My career, of course, was in shambles, my income had evaporated, and my medical expenses were growing like kudzu. And it was at just about this time when I came across Dorothy Parker's sardonic quote, "Money cannot buy health, but I'd settle for a diamond-studded wheelchair."

So, obviously, I got the message—loud and clear—that the days of taking my good health for granted were long over. And I have to admit that it was hard for me to not torment myself about the way that so many people (think self-indulgent Rock Stars or drug abusers) had unwittingly abused their bodies for years and years and years. On some strange hypothetical level, it just didn't seem fair that there was an entire population out there that had overindulged on alcohol, cigarettes, drugs and God knows what else, but was still able to use their limbs and continue enjoying life—while cholesterol-conscious, drug-free, smoke-free, former health and fitness fanatic

me was left to cope with an uncooperative body and all the complications that go along with paralysis.

Instead of me telling my body what to do, from here on out—unless and until some sort of stem cell miracle appears—my body’s neuromuscular network will be in control of how I live, and what I do. And that’s why, during the last decade or so, I’ve put a lot of effort into “adapting” to my new normal. When I get the rare chance to write an article for *The Palm Beach Post* (my last was in connection with Annette Funicello’s MS-related death in 2013), I celebrate. The long-ago days of having a twice-a-week newspaper column (like I used to have in L.A.) are over. I know it, and I’m well aware that mourning what I may have lost—or envying those who apparently haven’t lost anything—is a dangerous and wasteful pastime.

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When it comes to my current attitude towards health, the challenges I’ve faced have taught me how to work really hard to replace fear and frustration with vigilance. During one point, when I was feeling very fragile and depressed, Martin Seligman’s book *Learned Optimism* changed my life. He believes that there are four factors that contribute to everyone’s good health: eating well, exercising, not smoking, and optimism. That’s why I get as much movement and physical therapy as possible, and—with the added bonus of intermittent fasting—I’ve

managed to learn how to pay very close attention to (a) nutrition, (b) my body's exercise levels, and (c) the ever-fluctuating state of my emotional wellbeing.

And even though I have very little interest in doctor appointments for anything other than the bare essentials, when it comes to books there's no such thing (for me) as too much medical information. I have read—with unbridled enthusiasm—books written by a variety of forward-thinking physicians including Dr. Daniel Amen, to Dr. Joel Fuhrman, to Dr. Mark Hyman, to Dr. Alejandro Junger, to Dr. Frank Lipman, to Dr. Woodson Merrell, to Dr. Oz, to Dr. David Perlmutter, and practically any other open-minded, published health advocate. As if that weren't enough, I have a sprawling collection of what I label "Medical Memoirs," which includes first-person stories of people who have dealt with everything from Alzheimer's, to blindness, to cancer, to deafness, to disfigurement, to MS, to Parkinson's disease, and spinal cord injury.

A few months before he died, I was lucky enough to interview Christopher Reeve for *The Palm Beach Post*. He was in town to support the Hebrew University's Annual Leadership Educational Forum, and to raise money for their work on behalf of paralysis research. We had both (he because of a horseback riding accident and me because of MS) become wheelchair dependent at the age of 42. With his large electric wheelchair positioned next to my small one, we discussed the challenges that accompany losing control of one's body and—therefore—one's life. I showed up at his suite at the Palm Beach Four

Seasons Resort with a newspaper photographer and my husband, Tony. Reeve, who was connected to a ventilator, was surrounded by a number of aides who were part of his regular rotating health support staff of 18 people—nurses, physical therapists, etc.

Midway through the interview, when I asked him about the mental challenges of being paralyzed, he told me, “I’ve learned to ignore my moods, because I’ve learned that whatever mood I’m in at any given moment will change before too long. And I accept that for even being in a good mood...It’s really just a question of putting it in perspective.” Like most of us who are coping with a neurological nightmare, Reeve was openly frustrated by the barriers that have hampered stem-cell research, and he told me that while we need to remain optimistic, we also have to work hard when it comes to physical therapy in order to insure that our bodies will be ready when a cure for our disability finally does arrive.

Our entire afternoon together was simply beyond inspirational. From his level-headed approach to the problems we shared, to his determination to prove the “medical experts” wrong, he truly was a physical and emotional Superman. When my article about him was published, it closed with these words, “...Christopher Reeve is a bigger hero to me than ever. He managed to sweep me off my feet without moving a muscle.”

Obviously, my definition of “healthy” today is light years away from what it used to be. And even though I may (officially) be labeled “profoundly disabled,” in my

mind—at least—I never see myself as someone who is ill. I may have had MS for thirty years, and I may need others to comb my hair, cut my food, get me dressed, or type the words that are in my head, but this retiree’s intellect is still running on all twelve cylinders. And, fortunately, the rest of my (paralyzed) body is also managing to function far better than anyone could or would have ever predicted three decades ago.

Kris Carr’s astonishing book and documentary *Crazy Sexy Cancer* gave me an entirely new way of looking at both the good and the unwelcome changes that MS has brought my way. The brackets (of course) are mine, but the insight—and the realization that living in a totally healthy body sometimes comes with emotional blinders—is all hers: “[MS]...is a teacher. I was asleep...before [MS] shook me awake.”

I am still here, and I am still productive. I loved *Morning Joe’s* Mika Brzezinski’s book *Obsessed*, in which she reminded us that, “To be emotionally healthy you need to acknowledge what you bring to the table and feel good about it. It’s a waste of time and energy to concern yourself with what other people have or can do.”

And that’s the kind of **HEALTHY** I want to be, now that I’m 65.



St. Bernardine's eighth grade championship basketball team,  
kneeling on the far right

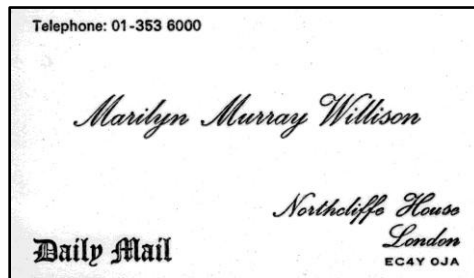


On the way to the stables, 1984





London Underground travel card and photo



My Daily Mail business card, 1985



At my Daily Mail desk, 1985



My Florida handicapped van license plate



With Christopher Reeve, 9 months before his death in 2004

